MISSOURI BOTANICAL GARDEN
P.O. Box 299 • Saint Louis, Missouri • 63166-0299 • (314) 577-5100 • www.mobot.org

COMMERCIAL PHOTOGRAPHY/VIDEOGRAPHY APPLICATION PERMIT

Date of Application: _____

Company / Organization: _____

Contact Name and Affiliation: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Requested Session Date(s): _____ Alternate Date(s): _____

Start Time Requested: _____ Finish Time: _____

Type of Photo/Video Equipment: _____

_____

Garden Location(s) _____

_____

Describe the Nature of the Shoot. What will the photography/video be used for? How/when will it be shown? (*use additional sheet if necessary):*

_____

_____

_____

Total number of people involved (including, but not limited to, photographer or camera persons, crew, production assistants, on camera talent, hair and make up, wardrobe and other persons to be on site during shoot):

_____

Please verify:

☐ I have read and agree to abide by all rules set forth in the **Missouri Botanical Garden Photography and Videography Policy**. I understand that failure to comply with the policy could result in our being asked to leave the premises and forfeiture of fees.

☐ I will provide a Certificate of Insurance in the amount of $1,000,000 against damage to persons, grounds, buildings or plant life, and naming the Missouri Botanical Garden as additional insured, no later than two business days before photography/filming is to take place.

☐ I understand that, upon approval of this application, I must remit a business or cashier's check made payable to the Missouri Botanical Garden for the total shoot amount no later than two business days before photography/filming is to take place. I understand that I will be held liable for all damages and incidental costs that may occur during the session defined above.

Applicant's Signature: _____ Date: _____

Return to:

Missouri Botanical Garden
Public Relations Department
P. O. Box 299
St. Louis, MO 63166-0299

Phone: (314) 577-0254 or (314) 577-5141
Fax: (314) 577-9598
Email: pr@mobot.org

For internal use only:

Approved by: _____ Date: _____

Total Fees Due_____

☐ $_____ Fees Paid Date: _____

☐ Certificate of Insurance Date: _____